

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90078 043 ***150.00

DOCUMENT # P02000046435

1. Entity Name
AMERIDREAM REAL ESTATE, INC.



Principal Place of Business
**7990 SW 117TH AVE SUITE 137
MIAMI, FL 33187**

Mailing Address
**7990 SW 117TH AVE SUITE 137
MIAMI, FL 33187**

20014000



DO NOT WRITE IN THIS SPACE

02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1982053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANTONIO VIAS
7990 SW 117 AVE.
#137
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
VIAS, ANTONIO
7990 SW 117TH AVE SUITE 137
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RUIZ, MARLEN A
7990 SW 117TH AVE SUITE 137
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2005

Date

305 598 5303

Daytime Phone #